

Division of Workers' Compensation



EAMS E-Forms Trial Participant Training



Agenda

- Introduction
- Overview of the E-Forms Trial
- Q&A on the Trial
- E-Form Filing with Demonstration
- Q&A on Filing
- EAMS Help Desk
- Q&A on Help Desk
- The Unprocessed Document Queue
- Q&A on the UDQ
- Tips & Tricks from Current e-Form Users
- Q&A on Tips & Tricks with Current e-Form Users



Overview of the E-Forms Trial

- Purposes of trial
- Test e-Forms functionality in EAMS
- Reduce paper flow into system
- Expedite form filing
- Refine proposed regulations



Duration of Trial

- First round began September 22, 2008
- Second round began October 6, 2008
- Third round begins October 20, 2008
- Additional rounds possible every two weeks
- Ends when e-Forms regulations become effective

E-Forms Trial Agreement Highlights

Electronic Adjudication Management System E-Forms Trial Application and Agreement

To apply for the office identified below (the office) and the organization identified below (the organization) to participate in the Electronic Adjudication Management System (EAMS) E-Forms trial (the trial) the EAMS administrator for the office must complete, print, sign, scan, and submit this application and agreement to the State of California, Department of Industrial Relations, Division of Workers' Compensation (DWC), Central Registration Unit (CRU) by e-mail at cru@dir.ca.gov.

Organization Legal Name:
Organization Federal Employer Identification Number:
Office Name Requested:
Office Mailing Address:
Office Physical Address:
Office Telephone:
Office Fax:
Office E-Mail:
Office Preferred Method of Service (US Mail, E-Mail, or Fax):
Claims Administrator, Representative, or Lien Claimant:
Primary Office EAMS Administrator Name:
Primary Office EAMS Administrator Mailing Address:
Primary Office EAMS Administrator Telephone:
Primary Office EAMS Administrator Fax:
Primary Office EAMS Administrator E-Mail:
Primary Office EAMS Administrator SSN (888-xx-xxxx may be used):
Primary Office EAMS Administrator Date of Birth:
Primary Office EAMS Administrator Place of Birth:
Alternate Office EAMS Administrator Name:
Alternate Office EAMS Administrator Mailing Address:
Alternate Office EAMS Administrator Telephone:
Alternate Office EAMS Administrator Fax:
Alternate Office EAMS Administrator E-Mail:
Alternate Office EAMS Administrator SSN (888-xx-xxxx may be used):
Alternate Office EAMS Administrator Date of Birth:
Alternate Office EAMS Administrator Place of Birth:

Trial Registration

- Organization
- Person
- User
- Administrator
- Alternate administrator

Logons

- Username
- Password
- E-mail
- Only one concurrent logon

E-Forms Only

- For duration of participation
- Except documents completed at district office

Uniform Assigned Names

- Claims administrators' offices
- Representatives' offices
- Anonymous filings prohibited

9

Uniform Assigned Names - Claims Administrators' Offices

<http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>

CA.GOV Welcome to the California DEPARTMENT OF INDUSTRIAL RELATIONS

DIR Labor Law Cal/OSHA Workers' Comp Apprenticeship Statistics & Research Mediation Boards Media

Injured Worker Employer A - Z Index I&A Claims Adjudication DEU Medical Unit BRTW Special Funds

I WANT TO . . .

- Search for a workers' comp case
- Know my rights
- Know what to do when I get hurt on the job
- Find a fact sheet
- Find a publication
- Find a DWC office
- Contact DWC
- Participate in a DWC telemeeting
- Participate in a DWC forum
- Participate in a WCAB forum

DWC EAMS - claims administrators' offices search

Back to [claims administrators' offices and representatives' offices page](#)

The best way to search is with the 5-digit ZIP Code for the mailing address of the claims administrator's office.

Claims' administrators' search criteria

EAMS No	Name	Addr 1	Addr 2	City	State	zip

List of claims administrators' offices

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
5032083	ACCELERATED CLAIMS IRVINE	PO BOX 14190		IRVINE	CA	92623	(800) 755-6613	US Mail	8/17/2008 6:02:00 PM
4397932	ACCLAMATION FRESNO	PO BOX 28100		FRESNO	CA	93729		US Mail	8/17/2008 6:02:00 PM
4834120	ACCLAMATION SACRAMENTO	PO BOX 269120		SACRAMENTO	CA	95826	(916) 563-1900	US Mail	8/17/2008 6:02:00 PM
5033456	ACCLAMATION SANTA CLARITA	PO BOX 937		SANTA CLARITA	CA	91380	(661) 705-2900	US Mail	8/17/2008 6:02:00 PM
3761353	ACE FREMONT	PO BOX 31083		TAMPA	FL	33631		US Mail	8/17/2008 6:02:00 PM
4397516	ACE WOODLAND HILLS	PO BOX 31051		TAMPA	FL	33631	(818) 712-5203	US Mail	8/17/2008 6:02:00 PM

Internet 100%

10

Uniform Assigned Names - Representatives' Offices

<http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSReps.asp>

I WANT TO . . .

- Search for a workers' comp case
- Know my rights
- Know what to do when I get hurt on the job
- Find a fact sheet
- Find a form
- Find a publication
- Find a DWC office
- Contact DWC
- Participate in DWC rulemaking
- Participate in a DWC forum
- Participate in a WCAB forum

LINKS

- Workers' Compensation Appeals Board
- Commission on Health and Safety and Workers' Compensation
- Department of Insurance

Back to [claims administrators' offices](#) and [representatives' offices](#) page.

The best way to search is with the 5-digit ZIP Code for the mailing address of the representative's office.

Representatives' search criteria

EAMS No	Name	Addr 1	Addr 2	City	State	zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List of representatives' offices

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
5146245	4500 GROUP HUNTINGTON BEACH	PO BOX 3655		HUNTINGTON BEACH	CA	92605	(714) 842-4500	US Mail	8/17/2008 6:02:00 PM
4497136	A KEITH LESAR APTOS	9053 SOQUEL DR	STE C	APTOS	CA	95003	(831) 688-1656	US Mail	8/17/2008 6:02:00 PM
5033106	A MARCUS HALL CULVER CITY	400 CORPORATE PORTE	STE 300	CULVER CITY	CA	90230	(310) 242-8411	US Mail	8/17/2008 6:02:00 PM
5033378	ABRAMSON BURNIS SACRAMENTO	2020 HURLEY WAY	STE 345	SACRAMENTO	CA	95825	(916) 641-2001	US Mail	8/28/2008 2:33:00 PM
5268148	ADAMS FERRONE WESTLAKE VILLAGE	4333 PARK TERRACE DR	STE 200	WESTLAKE VILLAGE	CA	91361	(805) 373-5900	US Mail	8/17/2008 6:02:00 PM

11

Lien Claimant Offices Participating

- ARS LEGAL
- EXARO CORPORATION
- GEOFFREY HODIES SOMERSET
- MED LEGAL PHOTOCOPY SERVICES
- ORTHOPEDIC MEDICAL GRP OF SANTA ANA
- PAIN DIAGNOSTIC TREATMENT SACRAMENTO
- PAIN REHABILITATIVE CONSULTANTS OAKLAND
- REPUBLIC DOCUMENT MANAGEMENT INC
- TRINITY HEALTH WELLNESS ROSEVILLE
- EDD SDI CHINO HILLS
- EDD SDI LOS ANGELES
- EDD SDI SAN BERNARDINO
- EDD SDI SAN FRANCISCO
- EDD SDI SANTA ANA
- EDD SDI SANTA BARBARA
- VQ ORTHOCARE IRVINE
- SCRIPPS HEALTH SAN DIEGO
- SAFETY WORKS MEDICAL LAWNSDALE

12

Computer Based Training (CBT)

- Computer based training
http://www.dir.ca.gov/dwc/EAMS/EAMS_CBT.htm
- Certification test
 - Certificate of Completion: to be posted soon

Civil Code Section 1798 Compliance

- Maintain reasonable security procedures and practices
- Promptly disclose any breach
 - To resident whose information compromised
 - To DWC

Administrator and Alternate Responsibilities

- Enforce contract conditions
- Retain certificates of completion
- Security, procedures, training and supervision
- Report and disclose actual or potential breach
- First level support
- Assist and participate with DWC

Additional Conditions #1 Regarding Signatures

Electronic Adjudication Management System E-Forms Trial Additional Conditions #1 Regarding Signatures October 1, 2008

Pursuant to paragraph 26 of the Electronic Adjudication Management System E-Forms Trial Application and Agreement the Division of Workers' Compensation imposes the following additional conditions on the e-forms trial regarding signatures.

E-forms which require more than one signature, the Employee's Disability Questionnaire, and the Notice of Offer of Regular Work, shall have signed EAMS OCR forms attached.

Other e-forms shall use an "S signature" format in lieu of a handwritten signature. An S signature shall consist of the letter S followed by the name of the person signing the document, in the following format: S JOHN DOE

On the EAMS 2581 an S signature alone shall be the individual's signature.

Other e-forms which require a single signature shall have attached, together with the proof of service, an attestation bearing a handwritten signature, in the following form:

I declare under penalty of perjury under the laws of the State of California that I personally entered the information on the attached e-form, or caused that information to be entered, that I placed or authorized my S signature to be placed thereon, and that by my signature on this form I validate and authenticate my S signature on the e-form.

Dated: _____ Signature: _____

Signatures

- Attach signed OCR forms
 - Forms with more than one signature
 - Employee's disability questionnaire
 - Notice of offer of regular work
- EAMS 2581— S signature sufficient
- Other forms with only one signature
 - Signature verification attached
 - Together with proof of service
 - Use proof of service document title

Registration of Uniform Assigned Names

- Uniform assigned names
- Claims administrators' and representatives' offices
- Register with cru@dir.ca.gov

Claims Administrator's Office Information

Claims Administrator Information (if known and if applicable)

Name: SOF CMS MONTEREY PARK
 Street Address: PO BOX 92622
 City: LOS ANGELES
 State: CA
 Zip: 90009

IT IS CLAIMED THAT:
 1. The injured employee, born: [DATE OF BIRTH: MM/DD/YYYY]

List of claims

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
4889437	SOF CMS MONTEREY PARK	PO BOX 92622		LOS ANGELES	CA	90009		US Mail	8/17/2008 6:02:00 PM
4579015	SOF CMS SACRAMENTO	PO BOX 255127		SACRAMENTO	CA	95865		US Mail	8/17/2008 6:02:00 PM
4956143	SOF CMS SAN BERNARDINO	PO BOX 1806		SAN BERNARDINO	CA	92402		US Mail	8/17/2008 6:02:00 PM
4172076	SOF CMS SAN ANITA, AIA	PO BOX		SAN ANITA, AIA	CA	90744		US	8/17/2008 6:02:00 PM

19

Insurance Carrier's Information

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name: STATE COMPENSATION INSURANCE FUND
 Insurance Carrier Street Address: PO BOX 92622
 City: LOS ANGELES
 State: CA
 Zip Code: 90009

20

Representative's Office Information

The screenshot displays the EAMS web application. On the left, a sidebar contains navigation links such as 'Find a form', 'Find a publication', 'Find a DWC office', 'Contact DWC', 'Participate in DWC rulemaking', 'Participate in a DWC forum', and 'Participate in a WCAB forum'. Below these are links to various boards and commissions. The main content area shows a 'List of representatives' table with columns for EAMS No, Name, and Address. A detailed form for a representative is overlaid, showing fields for Law Firm or Company Name, Law Firm Number, Attorney/Rep First Name, Attorney/Rep MI, Attorney/Rep Last Name, Street Address/PO Box, City, State, and Zip Code. The form is for 'ROSE KLEIN LONG BEACH' with Law Firm Number 4814199. A 'Get Help' button is visible at the bottom right of the form.

EAMS No	Name	Address
4304676	BLA...	
4840529	BLA...	
4982534	COL...	
4935925	JER...	
5167752	JOH...	
5000697	JON...	
5214022	LAR...	
5177440	PEN...	
4814199	ROSE KLEIN LONG BEACH	PO BOX 22792 LONG BEACH CA 90801
4887314	ROSE KLEIN LOS ANGELES	801 S GRAND AVE FL 11 LOS ANGELES CA 90017
4472339	ROSE KLEIN ONTARIO	PO BOX 51464 ONTARIO CA 91761

21

Division of Workers' Compensation

EAMS Electronic Adjudication Management System
CA Department of Industrial Relations

Q&A on Trial Overview



Division of Workers' Compensation



Filing E-Forms



New eForm Layout

Declaration of Readiness to Proceed - Windows Internet Explorer

https://eamsdm.dwc.ca.gov/dwceformswp

Attachment | Submit | Help | Print PDF | Search | Search Next

Coversheet -1 Coversheet -2 Coversheet -3 Coversheet -4 Coversheet -5 Form -1 Form -2 Form -3

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY

eForms: DEU 101 and DEU 100

DEU-101 (Request for Summary Rating Determination) and DEU-100 (Employee's Disability Questionnaire) are in "one" E-form

THIRD PARTY COMPROMISE AND RELEASE

Disability Evaluation Unit
 EMPLOYEE'S PERMANENT DISABILITY QUESTIONNAIRE AND REQUEST FOR SUMMARY DETERMINATION - OME REPORT
 REQUEST FOR CONSULTATIVE RATING
 REQUEST FOR RECONSIDERATION OF SUMMARY RATING BY THE AD

Uninsured Employment Fund
 APPLICATION FOR DISCRETIONARY PAYMENTS FROM THE LIFE

25

eForms: Social Security Number

SSN – NOT a required field – this will be changed – also, do not enter the dashes, just numbers

STATE OF CALIFORNIA
 DWC DISTRICT OFFICE
 E-COVER SHEET

Is this a new Case? Yes ☐ No ☐

Companion Cases Exist? ☐

More than 15 Companion Cases? ☐

Date: (MM/DD/YYYY)

Case Number:

SSN (Numbers Only)

☐ Specific Injury ☐ Cumulative Injury

Body Part 1: Body Part 2:

Body Part 3: Body Part 4:

Other Body Parts:

Please check unit to be filed on (check only one box):

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ VOC ☐ INT ☐ RSU

Companion Cases

Case 1:

☐ Specific Injury ☐ Cumulative Injury

Body Part 1: Body Part 2:

Body Part 3: Body Part 4:

Other Body Parts:

Add Attachments Submit

26

eForms: Date Format

Dates MUST be in MM/DD/YYYY format – with leading “0”

The screenshot shows the EAMS form titled "STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET". A red circle highlights the "Date: (MM/DD/YYYY)" field, which contains the value "09/12/2008". A red arrow points from this field to a larger, detailed view of the date input field on the right. This detailed view shows the "Date: (MM/DD/YYYY)" label, the input field with "09/12/2008", and checkboxes for "Companion Cases Exist" and "More than 15 Companion Cases". Below these are fields for "Case Number" and "Specific Injury".

27

eForms: Companion Cases

If there are no companion cases, fill out page 1 of the form (which is the 1st page of the Document Cover Sheet) and click on “Page 6” tab at the top.

The screenshot shows the EAMS form titled "STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET". A red circle highlights the "Page 6" tab in the navigation bar at the top. The navigation bar includes tabs for "Page 1" through "Page 12".

28

eForms: Document service

- When you have to serve documents to other parties you will need to print your eForm, but now you can use the “print PDF” function on the form to print all at once and/or save to your hard drive
- You only need to print the pages you have filled in data on
- PRINT BEFORE YOU CLICK SUBMIT

29

eForms: Venue Location

When filling out page 6 of application for adjudication of claim, C&R, or Stips the ZIP Code determines the venue

EAMS Electronic Adjudication Management System

Page 1 Page 2 Page 3 Page 4 Page 5 Page 6 Page 7 Page 8 Page 9 Page 10 Page 11 Page 12

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR ADJUDICATION OF CLAIM

Case Number Please Fill in Cover Sheet ☐ Amended Application ☐

SN(Numbers Only) Please Fill in Cover Sheet ☐

***Venue Choice is based upon:**

☐ Residence of employee (Labor Code section 5501.5(a)(1).)

☐ Location where injury occurred (Labor Code section 5501.5(a)(2).)

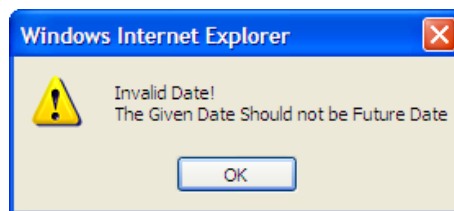
☐ Principal address of employee's attorney (Labor Code section 5501.5(a)(3).)

Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code

30

eForms: Errors

If you enter a future date in a required field, or fail to enter any information in a required field you'll get an error message. Click OK and you will be redirected to the specific field to fix the error. HOWEVER, if you misspell names, addresses, etc. in a required field – your document will then go to the unprocessed document queue (UDQ) where a clerk will try to figure out what went wrong.



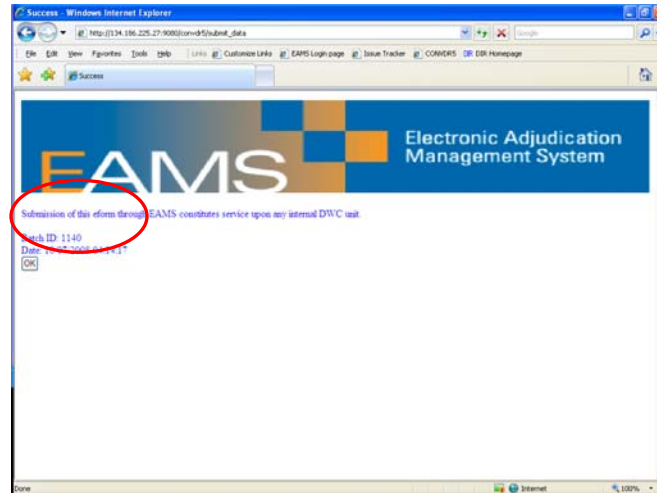
31

Proof of Service: Signatures

- Suggest you make your signature verification part of your proof of service page. Even if it becomes a 2-3 page document, it is still just one document.
- If you are attaching a list of the case participant(s) you are serving, make it an additional page of the proof of service so you only have one document.

32

Batch ID - Success!



33

Verification of Signature & Proof of Service

PAGE ONE

VERIFICATION OF SIGNATURE ON ELECTRONIC FILING

I declare under penalty of perjury under the laws of the State of California that I personally entered the information on the attached e-form, or caused that information to be entered, that I placed or authorized my S signature to be placed thereon, and that by my signature on this form I validate and authenticate my S signature on the e-form.

Date: _____ Signature: _____

COULD BE PAGE TWO

Uniform Assigned Name
EAMS Administrator Name
EAMS Administrator's Phone - Direct or with Extension
EAMS Administrator's Email

PROOF OF SERVICE

PUT WHAT YOU NORMALLY INSERT HERE!

COULD BE EITHER PAGE TWO OR THREE

ATTACHMENT TO PROOF OF SERVICE

LIST OF CASE PARTICIPANTS SERVED:

Division of Workers' Compensation



Q&A on E-Form Filing



Division of Workers' Compensation



EAMS Help Desk



About the EAMS Help Desk

- Call Center History
 - Established in 1998
 - Initially assisted only a few of the district offices with the public's questions about case status & unrepresented injured workers
- Call Center vs. EAMS Help Desk
 - Call Center continues to assist the public with questions (request for continuance, running late, OTOC's, I&A, etc...)
 - EAMS Help Desk is part of the Call Center
 - 5 EAMS experts handling calls and e-mails

37

Contacting the EAMS Help Desk

- E-form trial users to contact EAMS Help Desk when you have question(s)/problem(s)
- Preferred method of contact is:
 - 1) Send an e-mail to EAMSHelpDesk@dir.ca.gov
 - 2) Call the Call Center @ 1-888-771-3267 option #4
- Hours: 7 a.m. to 6 p.m.
 - e-mails after 5 p.m. may be handled the next business day
- NOTE: Only the administrator or alternate may contact the EAMSHelpDesk

38

eForm Submission

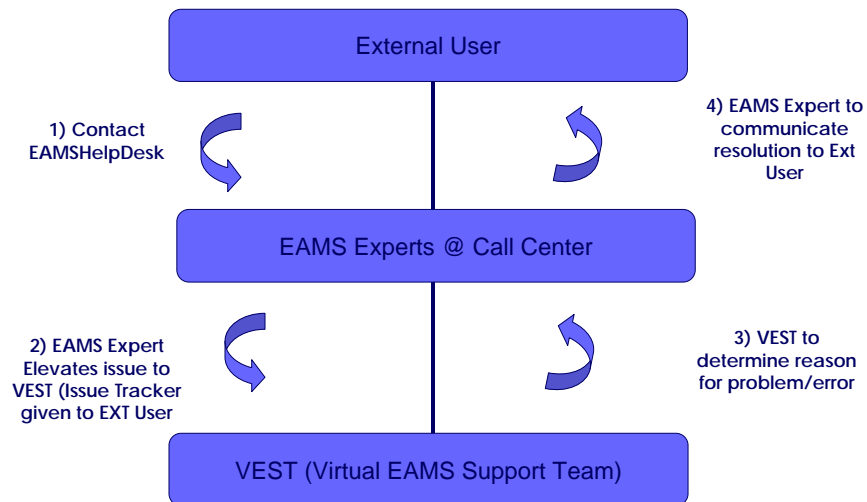
- Completion of e-Form submission will generate a batch ID#
- Print batch ID# and keep for future reference
- Verify next day to see if your e-Form was successfully submitted in case
- Don't see it???
- E-mail information to EAMSHelpDesk@dir.ca.gov so we can research to see what happened to the e-form

(Please include batch id#, case #, IW's name, and the type of e-Form submitted, screen shots when appropriate, your contact information)

Problem Solving in EAMS

- If EAMS expert is unable to determine problem after researching issue will be submitted to "issue tracker"
- What is issue tracker?
 - Additional team of EAMS experts who investigate and resolve issues (VEST)
 - Issue tracker ID# will be given to external user as a reference number to track status
 - Upon response from issue tracker, external user will be contacted and notified of outcome

Problem Solving Chain of Command



41

Helpful Hints

- Take screen shots of error messages
- How? **ALT + Print Screen** then save into a Word document and attach to your e-mail for Help Desk to view & possibly submit to issue tracker
- 15 minutes of inactivity on EAMS will time you out
- 30 minutes of inactivity on E-Form will time you out & will have to start E-Form all over
- If you are working on an E-Form and EAMS times you out, you can still submit your E-Form

42

eForm Filer Partnership

- Patience & teamwork
- E-Forms trial participants help find potential bugs

- Thank you!!!



Division of Workers' Compensation



EAMS Help Desk Q&A



The UDQ



What's the UDQ?

- Unprocessed document queue
- Where forms with mistakes end up
- Processed centrally for now
- In the future will be processed at local offices

Staying out of the UDQ

- Make sure you have your own uniform assigned name and everyone else's exactly right
- Look at your case in EAMS and get all information you need to file your document before you file it
- Not sure if you have the correct case number and name? Use the case number lookup tool on the Web site
- If filing an amended document make sure the information you enter about the original document exactly matches what's in EAMS. And, make sure the amended box is checked!
- Can't see your case in EAMS? E-mail the Help Desk and get it associated with your login so you can see your case and get the information you need before you file your document
- DO NOT e-file the document a second and third time
- If your EAMS reference number in the case is not your primary number e-mail the Help Desk and get the number changed before you file your document.

47

Staying out of the UDQ: A Few Hints

- Use the proper document title for attachments:
 - The drop down list contains both DWC internal and external users titles
 - You will need to refer to the external document title list that accompanies the OCR document separator sheet for external document titles and ONLY use those
- Make sure the uniform assigned name—not the claims adjuster's name—is in the claims administrator field
- Proof of service is a separate document—the title is in the drop down menu
- Requesting a rating: leave case reference field blank (name, DOB and DOI must be on form and match what's in EAMS)
- Don't check a box unless you mean it—you can't uncheck

48

Division of Workers' Compensation



UDQ Q&A



Division of Workers' Compensation



Tips & Tricks From External Users



E-Forms Tips and Tricks

- **Andrea Coletto**
Renee Sherman
- **Floyd, Skeren & Kelly, LLP**
23801 Calabasas Road, Suite 2025
Calabasas, CA 91302
- (818) 206-9222
- Fax (818) 206-9223

E-Forms Tips and Tricks

- Take advantage of the available tools and resources!
 - EAMS Web site
 - CBT
 - Help Desk
- Administrator and alternate
 - Managing the login and password
 - Training
 - Problem solving
 - Contacting the Help Desk
- Provide feedback!
 - Report problems
 - Report useful tips

E-Forms Tips and Tricks

- ORDER: Gather all pertinent info AHEAD OF TIME
 - EAMS case numbers
 - Uniform assigned names
 - Addresses for parties
 - Body parts, etc.
- PREPARE, SIGN and SCAN all documents to be submitted with your e-form *ahead of time*.
- LOG-OUT - Fill out your e-forms *without interruptions* to avoid being logged out from EAMS/e-forms
- PRINT your e-form *before submitting* & serve on parties

53

E-Forms Tips and Tricks

- E-filing allows for:
 - Accurate, faster submission time for you
 - Faster document processing at the District Office
 - Immediate submission status check

Overall efficiency and timely results

AND IT'S EASIER!

54

E-Forms Tips and Tricks

- **Wolf Schubert**

Law Offices of T. Mae Yoshida

711 14th St

Modesto, CA 95354-2506

- (209) 548-0890
- (408) 904-8731 (cell)

Filling out e-Forms by Copy and Paste

- Be prepared: Have all necessary data available before you open an e-Form
- Create a case report from your case management software including all address records, injured body parts with codes, injury dates, including your own address, etc.
- Export the report to a text file, Microsoft Excel spreadsheet or Word document
- If you have an EDEX inquiry report use it for your e-Form

Filling out e-Forms by Copy and Paste

- Open the exported report and verify that you have the correct EAMS case numbers and Uniform Assigned Names where necessary. If not use the EAMS search functions and enter the results in your report
- Open your E-form next to your report
- Copy text blocks from your report and paste them into your E-Form
- E-Forms and mice don't like each other:
 - Trick for right-hand mouse users: Use <CTRL>c to copy, <CTRL>v to paste
 - Trick for left-hand mouse users: Use <CTRL><Insert> to copy, <SHIFT><Insert> to paste

57

Division of Workers' Compensation



Tips & Tricks Q&A

